

Name
in
Full

Loretta Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* ^{Town} *Washington* ^{County}
 Date of death *1906* ^{Month} *6* ^{Day} *29* ^{Age} *—* ^{Years} *—* ^{Months} *4* ^{Days} *—*
 Sex *Female* Color or Race *Colored* Birth-place *md*
 Occupation *Child* Where Residing if not at place of death

Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *Albert Barnes* Father's Birthplace *Pa*
 Mother's Maiden Name *Gennie Clark* Mother's Birthplace *md*
 Name of person giving information *Albert Barnes* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *True Cholera Infantum* ^{How long} *18 hrs.*
Exhaustion ^{How long} *18 hrs.*

Are the name, age, sex, color, date and place correctly given above?

No

Signature of Physician

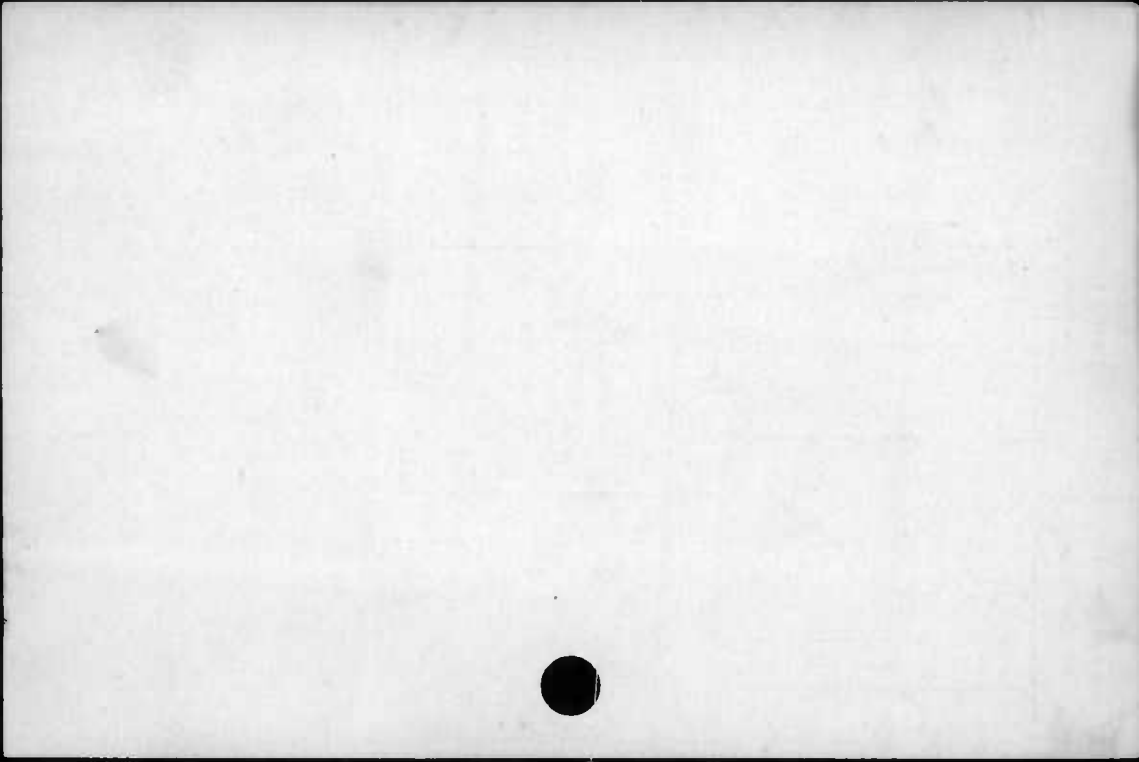
Dr. H. H. H. H. H.

Address

Hagerstown, md

Accident or Suicide?

No



Name
in
Full

Milla Beeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grimes		County Washington		MARYLAND	
Date of death	1906	Month 6	Day 23	Age 70	Years 1	Months 3	Days
Sex	Female		Color or Race	White		Birth- place	Fairplay
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	John H. Beeler			
Father's Name	A. W. Baker					Father's Birthplace	Wash. Co.
Mother's Maiden Name	Susann Stonebaker					Mother's Birthplace	Wash. Co.
Name of person giving In formation	Milton Beeler					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dilated Heart	How long	2 years
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	V. M. Reichard
		Address	Fairplay
Accident or Suicide?			



Name
in
Full

Annetta Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Hagerstown* ^{County} *Washington* **MARYLAND**

Date of death 190*6* Month *6* Day *3* Age *—* Years *—* Months *—* Days *2*

Sex *Female* Color or Race *Caucasian* Birth-place *MD*

Occupation *Child* Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Harry Barber*Father's
Birthplace*MD*Mother's
Maiden Name*Margaret Bell*Mother's
Birthplace*MD*Name of person giving
Information*Margaret Bell*How related
to deceased*Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Accident or Suicide?

Rose Hill

Name
in
Full

Annus Boory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bellrose</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1906 June 18</i>		Month <i>June</i>		Day <i>18</i>		Years <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington Md</i>			
Occupation <i>H.W.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>D.R. Hager</i>				How related to deceased <i>niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Insanition</i>	How long <i>Six mos.</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. B. Morrison</i>
Accident or Suicide? <i>No</i>	Address <i>Hagerstown Md</i>



Name
in
Full

Brooke

CERTIFICATE OF DEATH

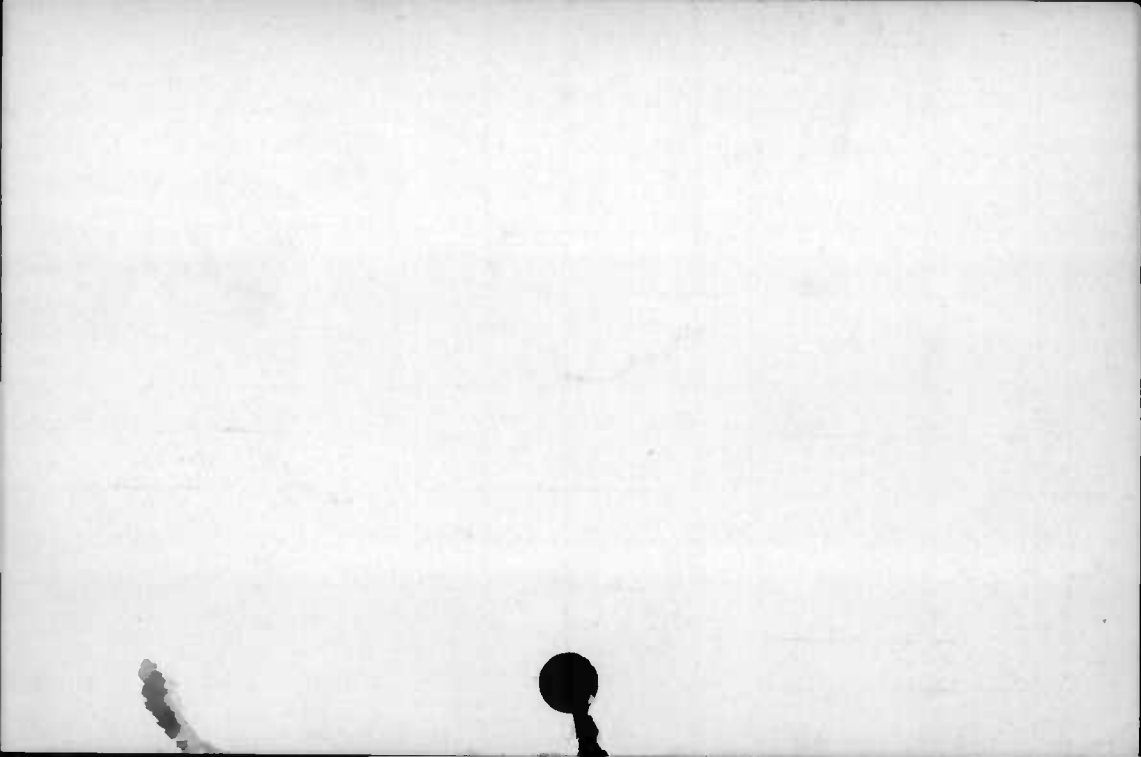
TO BE ANSWERED BY
NEAREST FRIEND

Died at Hancock <small>Town</small>		Washington <small>County</small>		MARYLAND	
Date of death 1906	June <small>Month</small>	21 <small>Day</small>	Age 83 <small>Years</small>	6 <small>Months</small>	12 <small>Days</small>
Sex mail	Color or Race white	Birth place Chestire Eng			
Occupation farmer	Where Residing if not at place of death Hancock Md				
Married, Single or Widowed Widower	Name of Wife or Husband Rachel Gregory Brooke				
Father's Name Thos. Brooke	Father's Birthplace England				
Mother's Maiden Name Sidebotham	Mother's Birthplace "				
Name of person giving information J. J. Fields	How related to deceased Son in law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Indigestion	How long 10 hours
Immediate Phroan	How long —
Are the name, age, sex, color, date and place correctly given above? Yr	Signature of Physician [Signature]
	Address [Signature]
Accident or Suicide? No	



Name
in
Full

Lloyd Brooks

No 302

CERTIFICATE OF DEATH

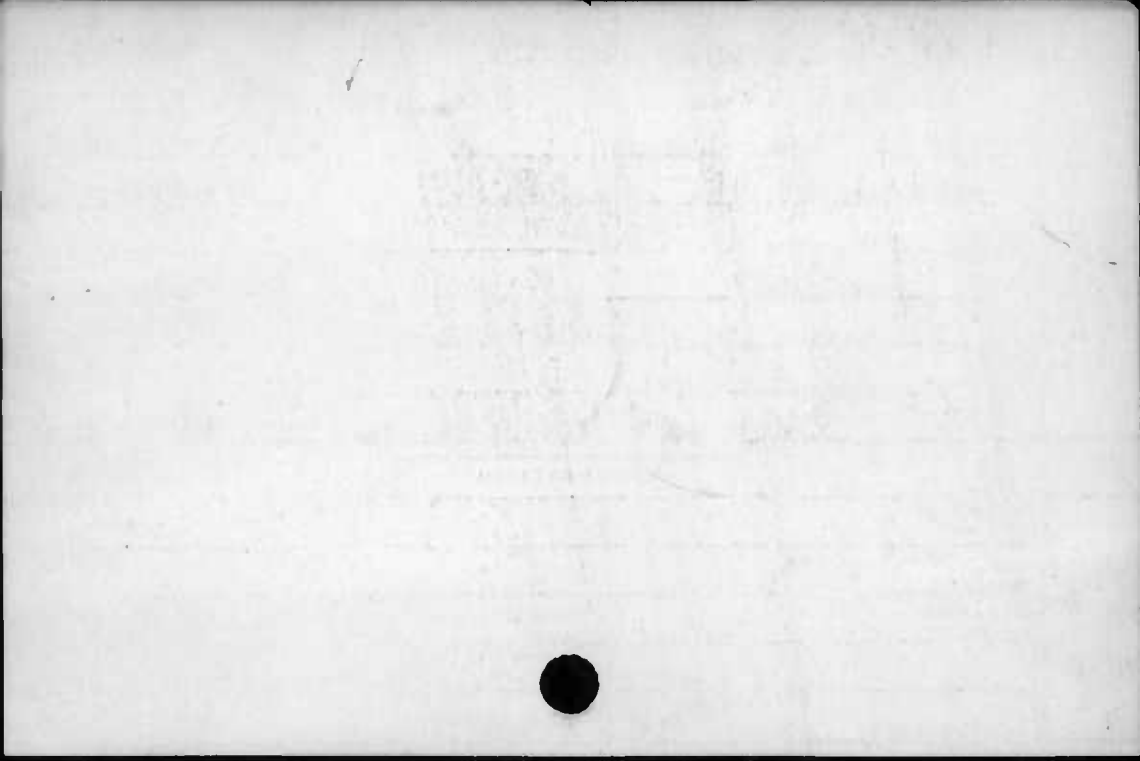
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1906	Month June	Day 4	Age 58	Years	Months Days
Sex Male		Color or Race Black		Birth- place Downville			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Johanna Brooks			
Father's Name		Vauburn Brooks				Father's Birthplace Downville	
Mother's Maiden Name		Airey Alter,				Mother's Birthplace Frick Co. Md	
Name of person giving In formation		Maunni Brooks				How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	(120)	How long	3 mos
Immediate	Uræmia		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Irvin M. Westz.	
			Address Williamsport Maryland.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

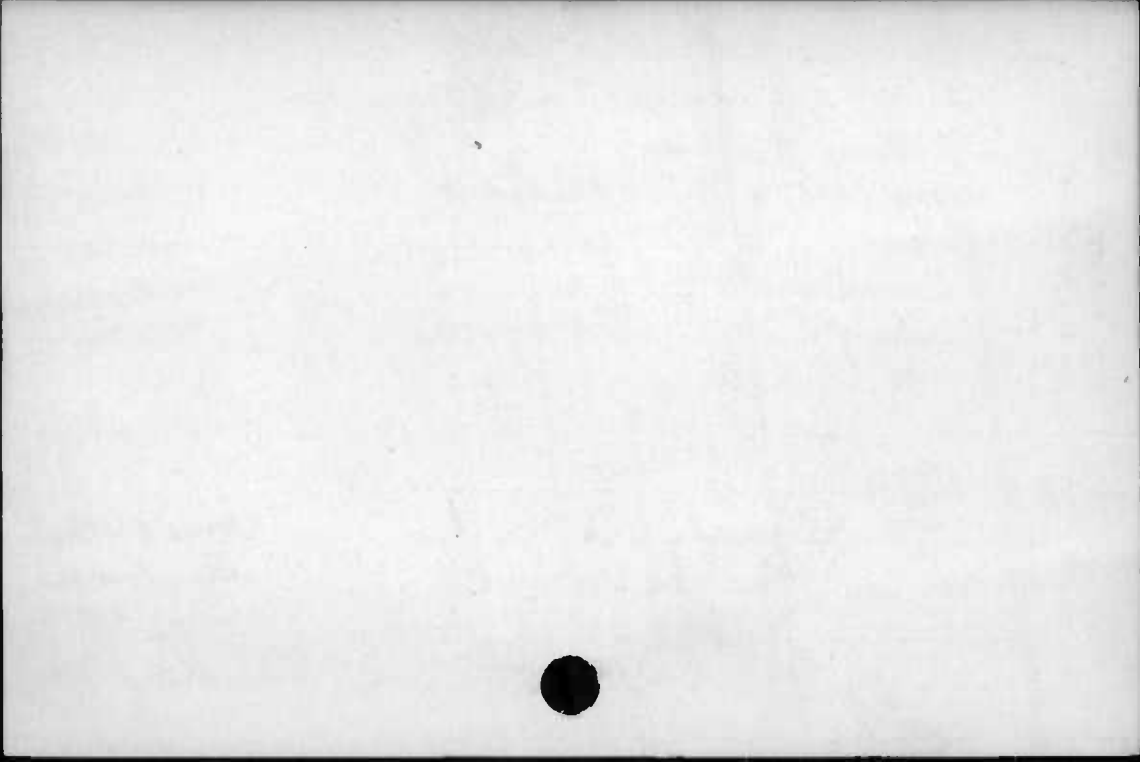
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Wash.</i>		County		MARYLAND	
Date of death	1906	Month	6	Day	25	Age	64
Sex	male	Color or Race	white	Birth-place	md.	Months	2
Occupation	Tinner		Where Residing if not at place of death		—		
Married, Single or Widowed	married		Name of Wife as known		—		
Father's Name	Michael Brown		Father's Birthplace		md.		
Mother's Maiden Name	Elizabeth		Mother's Birthplace		—		
Name of person giving information	Mrs W. H. Brown		How related to deceased		wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Tuberculosis</i>	One Year
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	<i>J. H. Linstedt M.D.</i>
Address	<i>Hagerstown, Md.</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

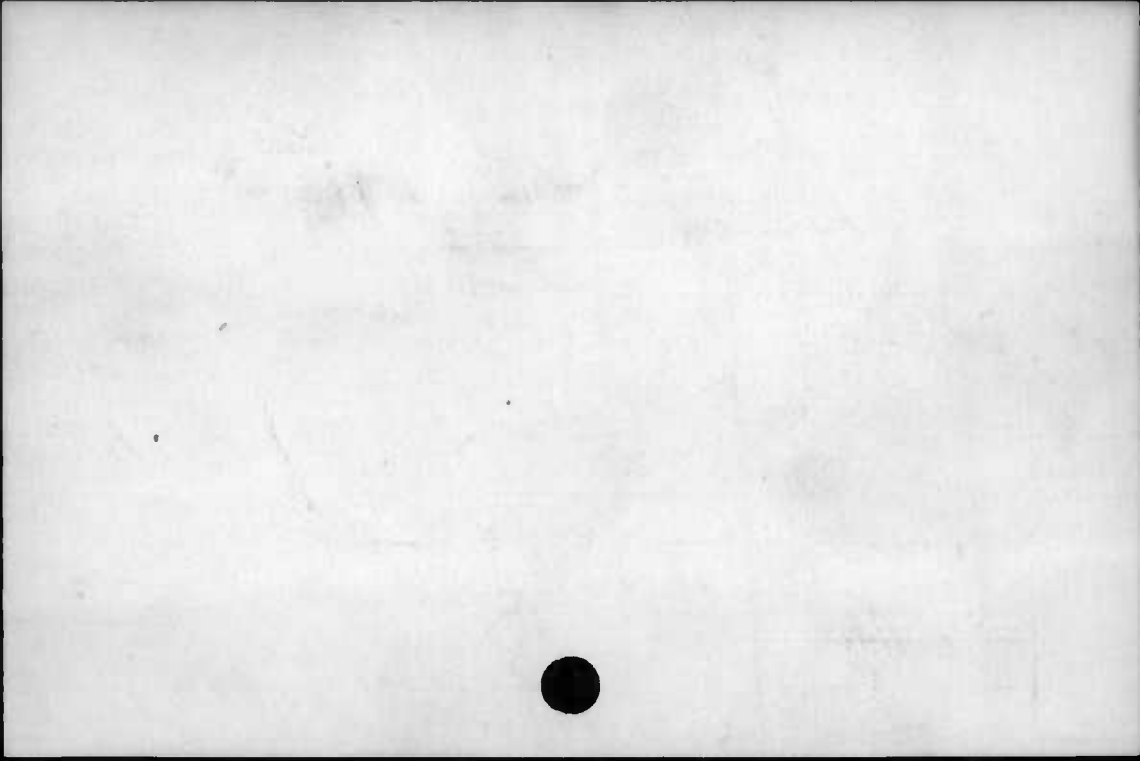
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County <i>Wash</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>6</i>	Day	<i>17</i>	Years	<i>74</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>		Birth-place	<i>Germany</i>	
Occupation	<i>Laborer</i>		Where Residing If not at place of death				
Married, Single or Widowed	<i>married</i>		Name of Wife		<i>Annie M. Burger</i>		
Father's Name	<i>Michael Burger</i>		Father's Birthplace		<i>Germany</i>		
Mother's Maiden Name	<i>Not Known</i>		Mother's Birthplace		<i>"</i>		
Name of person giving information	<i>Annie M. Burger</i>		How related to deceased		<i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>some months</i>
Immediate	<i>Paralysis</i>	How long	<i>Some weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address <i>Ans. B. Ryland</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County		
Date of death		Month	Day	Year	Months	Days
1906		June	21	Age 32		
Sex	male	Color or Race	Black		Birth-place	Md
Occupation	Barber		Where Residing if not at place of death			
				Bethsburg Pa		
Married, Single or Widowed	Name of Wife or Husband		Magie Howard			
Father's Name	Alexander Dennis		Father's Birthplace			
				Unknown		
Mother's Maiden Name	Alexa Brown		Mother's Birthplace			
				Unknown		
Name of person giving information	Magie Howard		How related to deceased			
				Wife		

CAUSES OF DEATH

Primary	Consumption	How long	18 mo
Immediate	exhaustion after trip	How long	from
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Pratt Bros		Bethsburg	
Address		Cler	
Accident or Suicide?			

Inquiry made, but no response m m

Name
in
Full

CERTIFICATE OF DEATH

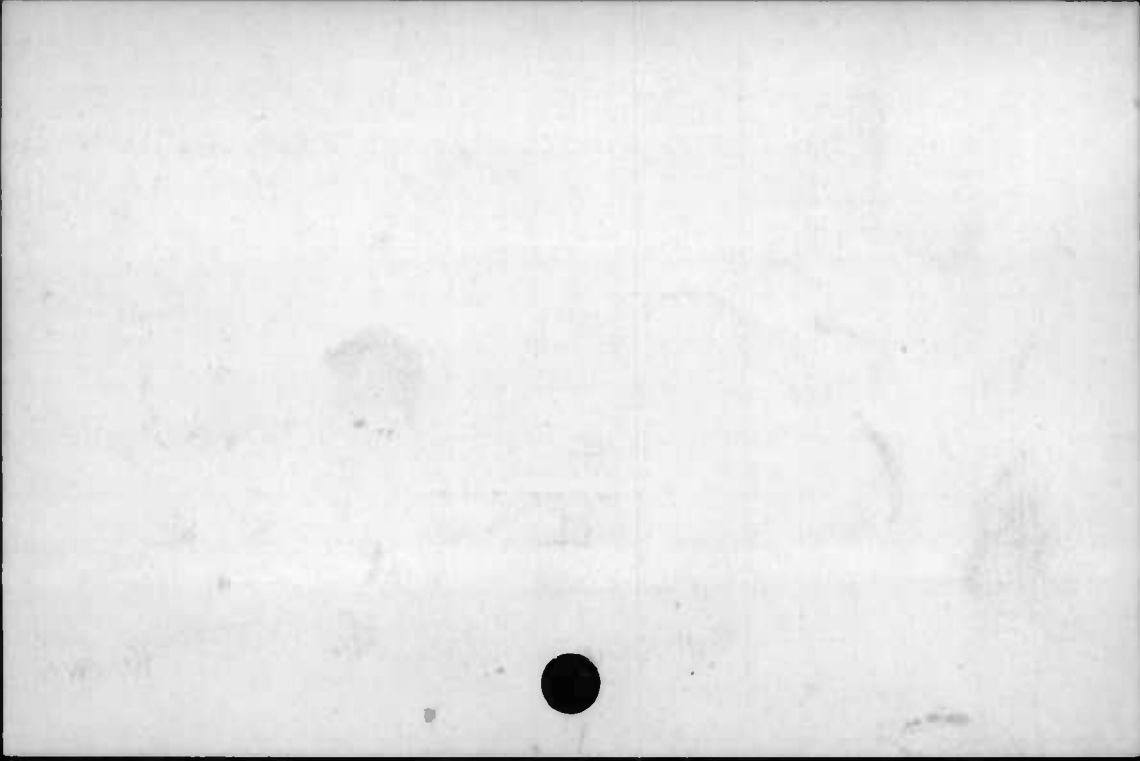
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burn Creek</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>17</i>	Years <i>27</i>	Months <i>4</i>	Days <i>29</i>		
Sex <i>Female</i>	Color or Race <i>Wht</i>		Birth-place <i>Maryland</i>				
Occupation			Where Residing If not at place of death				
Married, Single or Widowed			Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <i>Jacob Dutrow</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Gothoro Dutrow</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Bothoro Dutrow</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonalis</i>	How long <i>27</i> <i>5 years</i>
Immediate <i>Asthenia</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Quinn, MD</i>
	Address <i>Cheswell</i>
	<i>M. C. G. M.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Sarah Catharine Eable</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>6</i>		Day <i>5</i>		Years <i>98</i>	
Date of death <i>1906</i>		Month <i>6</i>		Day <i>5</i>		Age <i>98</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>—</i>	
Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jacob Eable</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Catharine Warner</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>George Eable</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease (mitral murmur).</i>	How long <i>3 yrs.</i>
Immediate <i>Gangrene of feet. Exhaustion</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M B Morrison</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	

Boyersville

Name
in
Full

CERTIFICATE OF DEATH

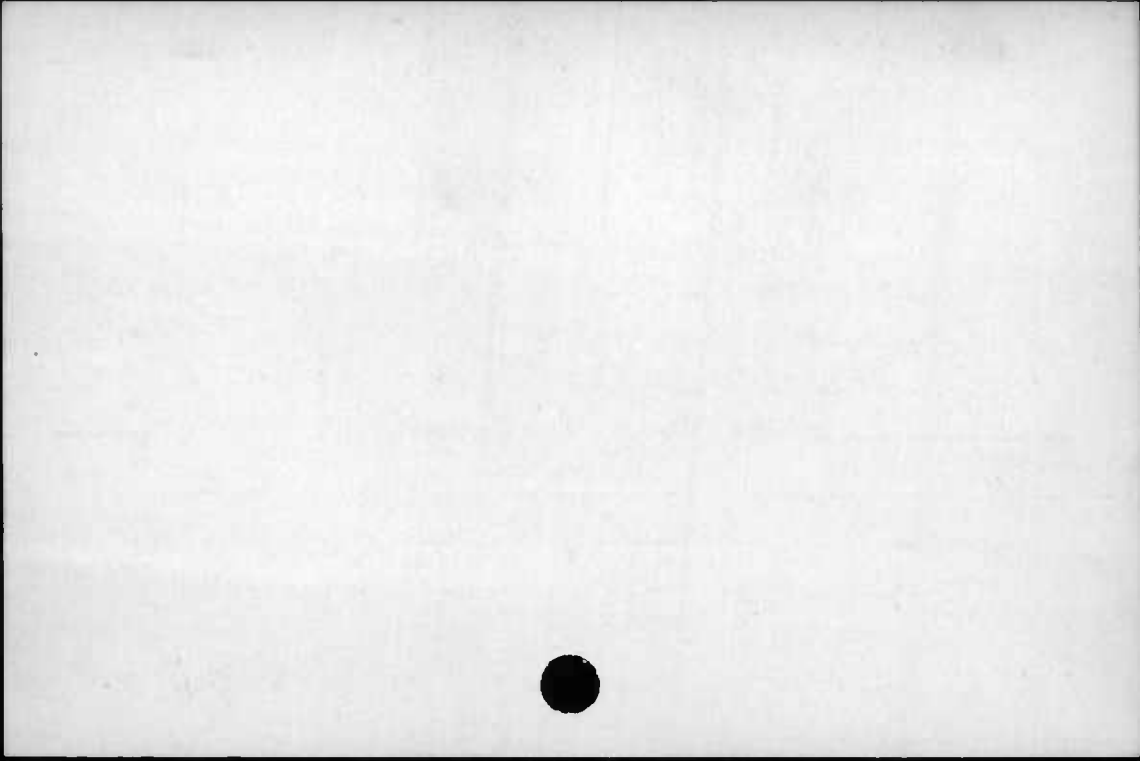
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name
in
Full

Jeremiah Everly.

CERTIFICATE OF DEATH

Died at Hagerstown

Town

County

Wash

MARYLAND

Date
of death 1906

Month

6

Day

4

Age

Years

5-2

Months

3

Days

17

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Shoe maker

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Emma Oster Everly

Father's
Name

James Everly

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Ritter

Mother's
Birthplace

Pennsylvania

Name of person giving
information

Mrs Emma Everly

How related
to deceased

wife.

CAUSES OF DEATH

Primary

Apoplexy

How long

4 days

Immediate

Apoplexy

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. H. Schindel, M.D.

Address

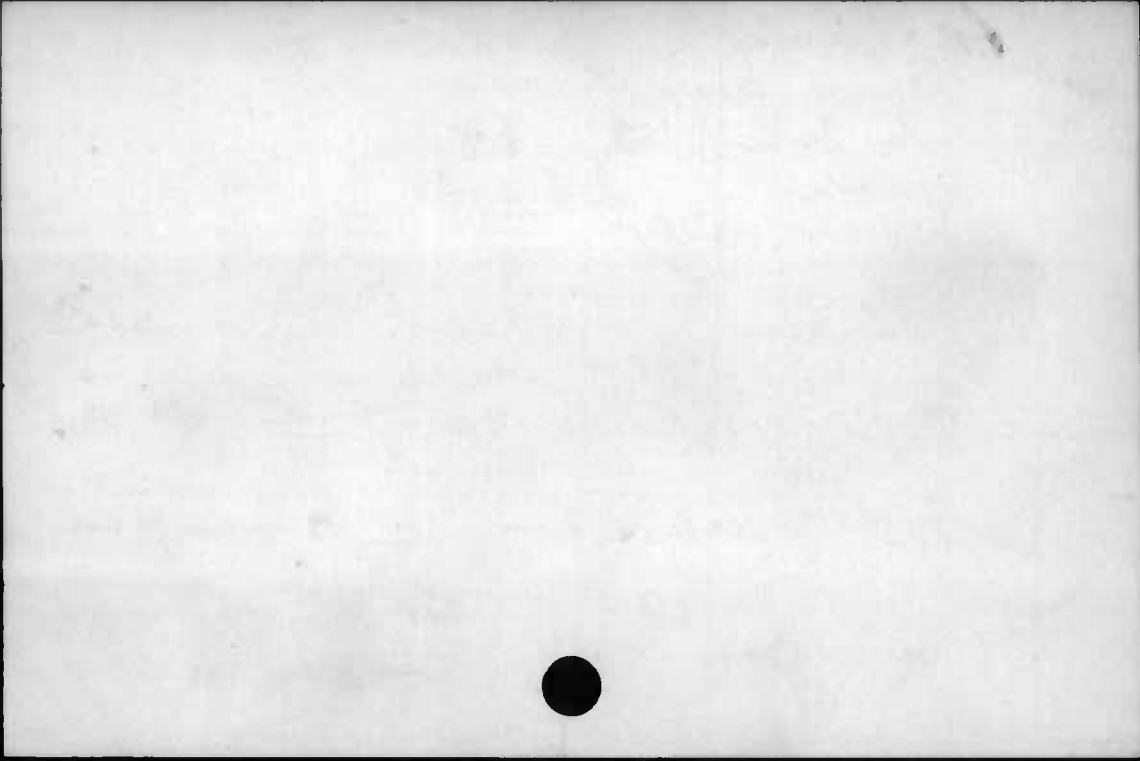
Hagerstown

Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Amy Amelia Fueder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death		Month	Day	Years	Months
1906		June	25	Age 68.	Days
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		
Father's Name		Simon Snyder		Father's Birthplace	
Mother's Maiden Name		Linn F. Elroy		Mother's Birthplace	
Name of person giving information		Daniel Fueder		How related to deceased	
				Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	65 years
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

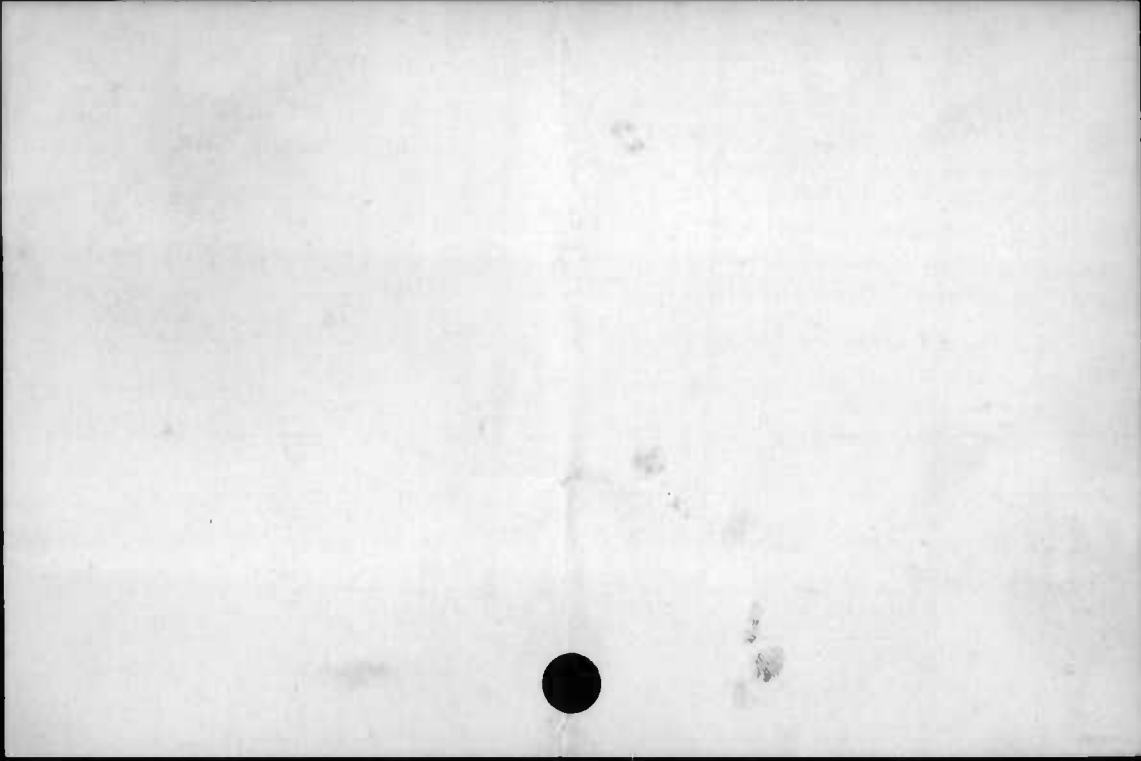
yes

Signature of Physician

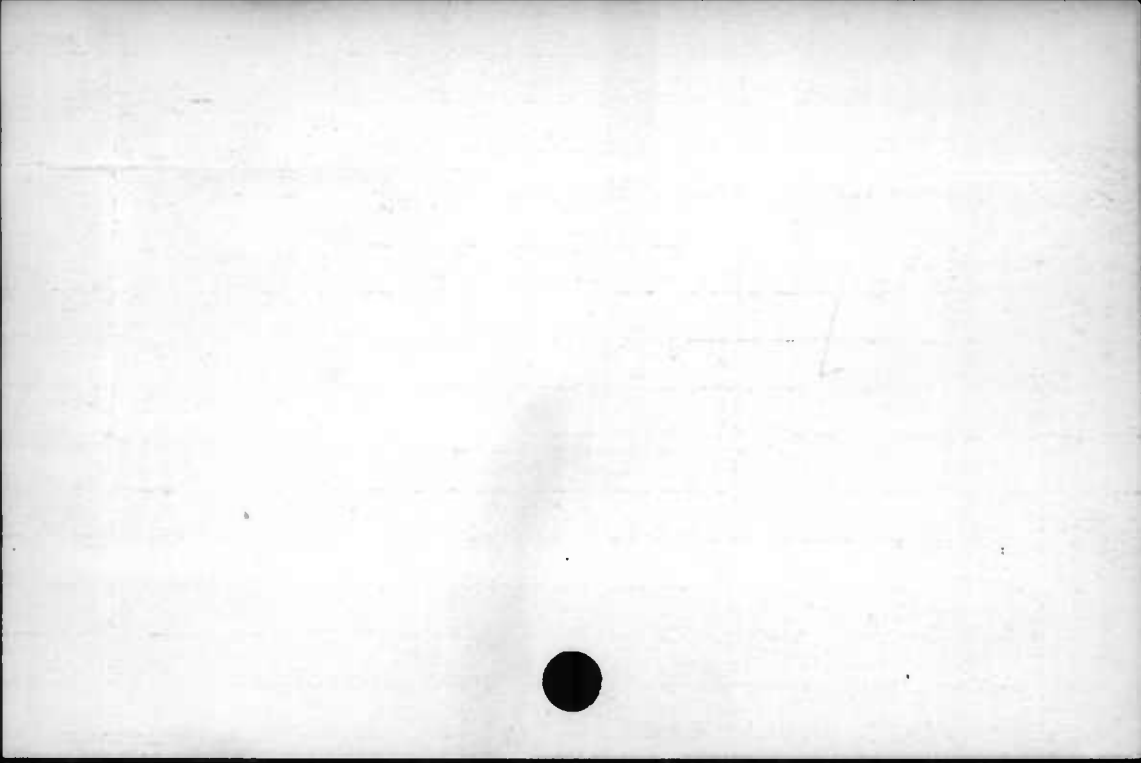
Address

Briggs Bush
Baltimore
Md.
McKertt

Accident or Suicide?



Name in Full		Sarah Ann H. Lora				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Leitersburg		Washington		MARYLAND
	Date of death		1906	Month	June	Day	22nd
	Age		81		Years	5	Months
	Sex		Female		Color or Race	White	
	Occupation		Housewife		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband		
	Father's Name		Jacob G. G. G.		Father's Birthplace		
Mother's Maiden Name		Sarah L. L. L.		Mother's Birthplace			
Name of person giving information		Wilford L. L. L.		How related to deceased			Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		A poplexy		How long		No time
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?				J. H. Wishard Leitersburg Md.		



Name
in
Full

William E. Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Boonsboro		Washington		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1906	June	14				
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Hotel - Keeper		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband Etta Smith				
Father's Name	James P. Ford					Father's Birthplace	Maryland
Mother's Maiden Name	Malinda Young					Mother's Birthplace	Maryland
Name of person giving information	James P. Ford					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Interstitial Hepatitis		How long	5 months.
Immediate	Exhaustion		How long	3 weeks.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. Dubert Wade, M.D.	
			Address Boonsboro, Md.	
Accident or Suicide?		No.	✓	



Name

in Full

Wona Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pardsville</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1904</u>	<u>6</u> <small>Month</small>	<u>7</u> <small>Day</small>	Age <u>47</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>17</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Clinton Frederick Co.</u>		
Occupation <u>House wife</u>			Where Residing if not at place of death <u>Pardsville</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Geo. Green</u>			
Father's Name <u>not known</u>			Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>not known</u>		
Name of person giving information <u>Anna Rena Green</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>Three years</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. M. D. McFarrar</u>
	Address <u>Smithsburg Maryland</u>
Accident or Suicide <u>no</u>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>15</i>	Age <i>7</i>	Years <i>2</i>	Months <i>8</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Benjamin B. Hartman</i>			Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Bertha E. House</i>			Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Benjamin Hartman</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia with measles</i>	How long
Immediate <i>Cardiac Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. D. Stauffer</i>
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Hauptman</i>		Town <i>Roxbury</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Roxbury</i>		Month <i>6</i>		Day <i>16</i>		Years <i>88</i>	
Date of death <i>1906</i>		Month <i>6</i>		Day <i>16</i>		Age <i>88</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Months <i>—</i>	
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Hauptman</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Dora Rudy</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Annie Hauptman</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Semility</i>	How long <i>154</i>
Immediate <i>Cardiac Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. P. Hunter</i>
	Address <i>J. P.</i>
Accident or Suicide?	

Bergville Va

Name
in
Full

CERTIFICATE OF DEATH

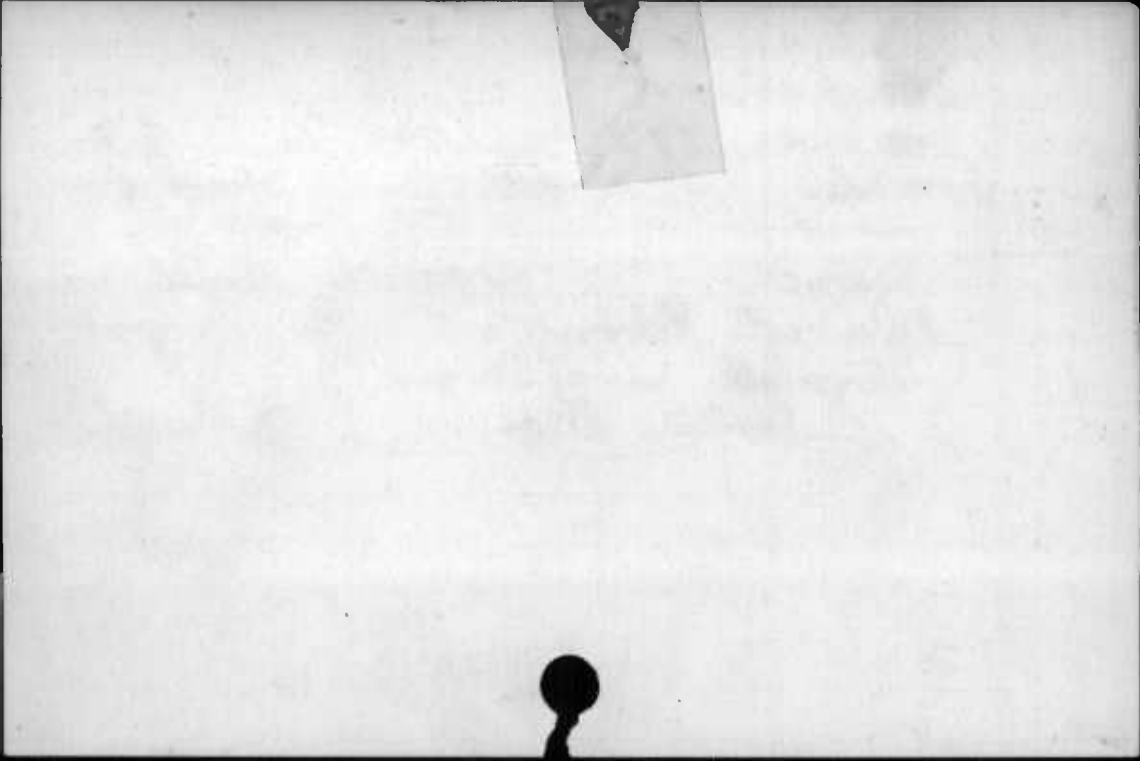
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Date of death	1906	Month	6	Day	17
Age	—		Years	—	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	—		Birth-place	<i>Md.</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		
Father's Name	<i>Arthur Herbert</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Elizabeth Corderman</i>		Mother's Birthplace	<i>01</i>	
Name of person giving information	<i>Arthur Herbert</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>14 days</i>
Immediate	<i>..</i>	How long	<i>14 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. P. Miller</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?			



Name in Full		Amelia Heill				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Sharpburg</u> <small>Town</small>		County		MARYLAND	
		Date of death <u>1906 June 17.</u>	Age <u>72</u>	Months <u>7</u>	Days <u>12</u>		
		Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Sharpburg</u>			
		Occupation <u>~~~~~</u>	Where Residing if not at place of death <u>~~~~~</u>				
		Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Josiah Heill</u>				
Father's Name <u>David Spang</u>		Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Elizabeth Arneberger</u>		Mother's Birthplace <u>"</u>					
Name of person giving information <u>Grace Heill</u>		How related to deceased <u>Daughter</u>					
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <u>General Debility</u>		How long <u>For years</u>			
		Immediate <u>Bronchitis</u>		How long <u>For some time</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. H. Barber</u>			
				Address <u>Sharpburg MD</u>			
		Accident or Suicide?					

Eugene Marker,
Undertaker.

Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brownstown</i>		County <i>Wash</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>13</i>	Age	Years	Months	Days <i>2</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Brownstown</i>
Occupation	<i>_____</i>			Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed	<i>_____</i>		Name of Wife or Husband <i>_____</i>				
Father's Name	<i>Francis Houpt</i>					Father's Birthplace	<i>Brownstown</i>
Mother's Maiden Name	<i>De la Easterday</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Francis Houpt</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>(137)</i>
Immediate	<i>Imp. Nutrition</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. S. Davis</i>
		Address	<i>Brownstown</i>
			
Accident or Suicide?			



Name
in
Full

Timothy Howard


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	190 <i>6</i>	Month <i>6</i>	Day <i>16</i>	Age	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Clerk</i>		Birth-place	<i>Id</i>	
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>William Howard</i>			Father's Birthplace <i>Id</i>		
Mother's Maiden Name <i>Mary Weisong</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>Clayton Howard</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebro-spinal meningitis I.B.</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. Presn. Miller</i>
		Address 
Accident or Suicide?		<input checked="" type="checkbox"/>

Annapolis Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Brownboro*

Town

Washington

County

Date of death *1906 June*

Month

Day

Age

Year

Months

Days

Sex *Male*

Color or Race

White

Birth-place

Occupation

Laborer

Where Residing if not at place of death

Married, Single or Widowed

Widower

Name of Wife or Husband

Father's Name

John Nountaberg

Father's Birthplace

Maryland

Mother's Maiden Name

Kutten

Mother's Birthplace

Maryland

Name of person giving information

Anna M. Rutzahn

How related to deceased

Daughter

CAUSES OF DEATH

79

Primary

Valvular Disease Heart

How long

2 yrs

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. B. Wheeler & Son

Address

Brownboro Washington Co

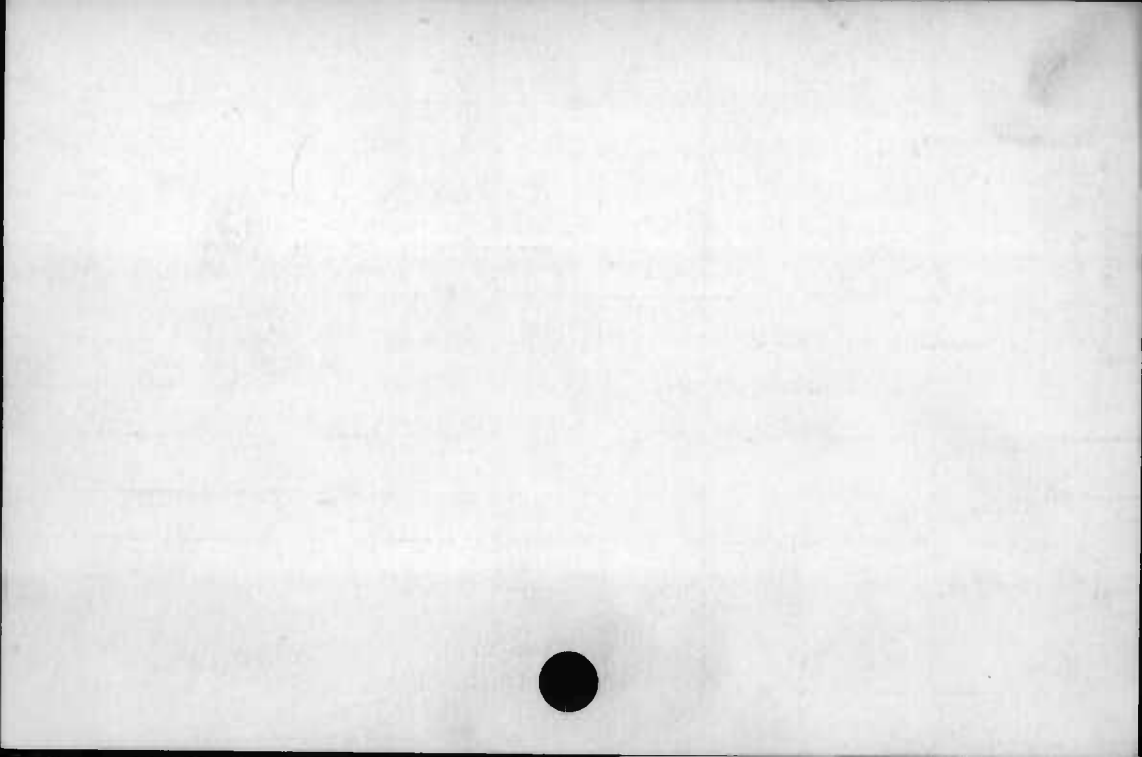
Accident or Suicide?



Name In Full B F M Hurby		CERTIFICATE OF DEATH	
Died at Hagerstown ^{Town} Washington ^{County}		MARYLAND	
Date of death	1906 ^{Month} 6 ^{Day} 24 ^{Years} 73	Months	Days
Sex	Male	Color or Race	American
Occupation	Lawyer	Birth- place	MD
Married, Single or Widowed	Married	Where Residing if not at place of death	
Father's Name	James Hurby	Father's Birthplace	MD
Mother's Maiden Name	Marianne Steina	Mother's Birthplace	MD
Name of person giving In formation	David Hurby	How related to deceased	Nephew
CAUSES OF DEATH			
Primary	Tuberculosis	How long	Some months
Immediate	Tuberculosis	How long	Some months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John D. Doyle
Address	Hagerstown MD		
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Henry Irving

CERTIFICATE OF DEATH

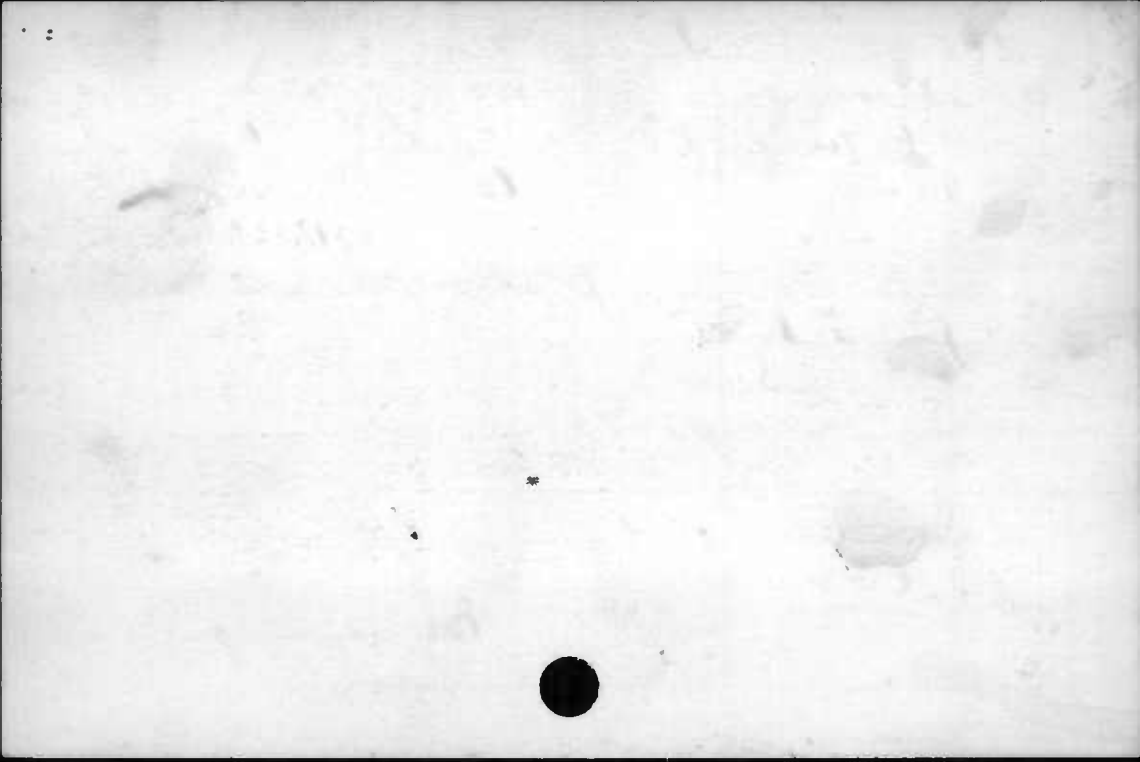
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boonsboro</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>28</i>		Age <i>57</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>New York City</i>		Months <i>6</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>1749 U.S. St. New Washington</i>		Years <i>3</i>		Days <i>3</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Josephine K. Miller</i>		Father's Name <i>John T. Irving</i>		Father's Birthplace <i>New York City</i>	
Mother's Maiden Name <i>Hellen Schumacher</i>		Mother's Birthplace <i>New York City</i>		Name of person giving information <i>Biographical Dict. 6 Cong. Dist. Ind</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sclerosis of Brain</i>	How long <i>Probably several years</i>
Immediate <i>Coma</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edw. Buckley M.D.</i>
	Address <i>Middletown Maryland.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hygentown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	6	Day	12
Age	3-	Years		Months	
Sex	Male	Color or Race	Colored	Birthplace	Md
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George P. Kennedy	Father's Birthplace	Md		
Mother's Maiden Name	Frances S. Kennedy	Mother's Birthplace	Md		
Name of person giving information	Frances Kennedy	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>4 days</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. M. Coagman</i>
		Address	<i>Hygentown, Md.</i>
Accident or Suicide?	<i>No</i>		

Hollyway

Name
in
Full

Arthur Morris Lightners

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		MARYLAND	
Date of death	1906	Month	6	Day	27	Age	36
						Years	11
						Months	12
Sex	Male		Color or Race	White		Birth-place	Md
Occupation	Engineer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Nettie O. Mosser			
Father's Name	Daniel B. Lightner				Father's Birthplace	Md	
Mother's Maiden Name	Mary E. Euler				Mother's Birthplace	Md	
Name of person giving information	Nettie O. Mosser				How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever -		How long	Five weeks
Immediate	Hemorrhage, & Perforation		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	H. H. Doss -
			Address	Hagerstown
				Md.
Accident or Suicide?				

Buried

Union Bridge

Watkins

Name
in
Full

CERTIFICATE OF DEATH

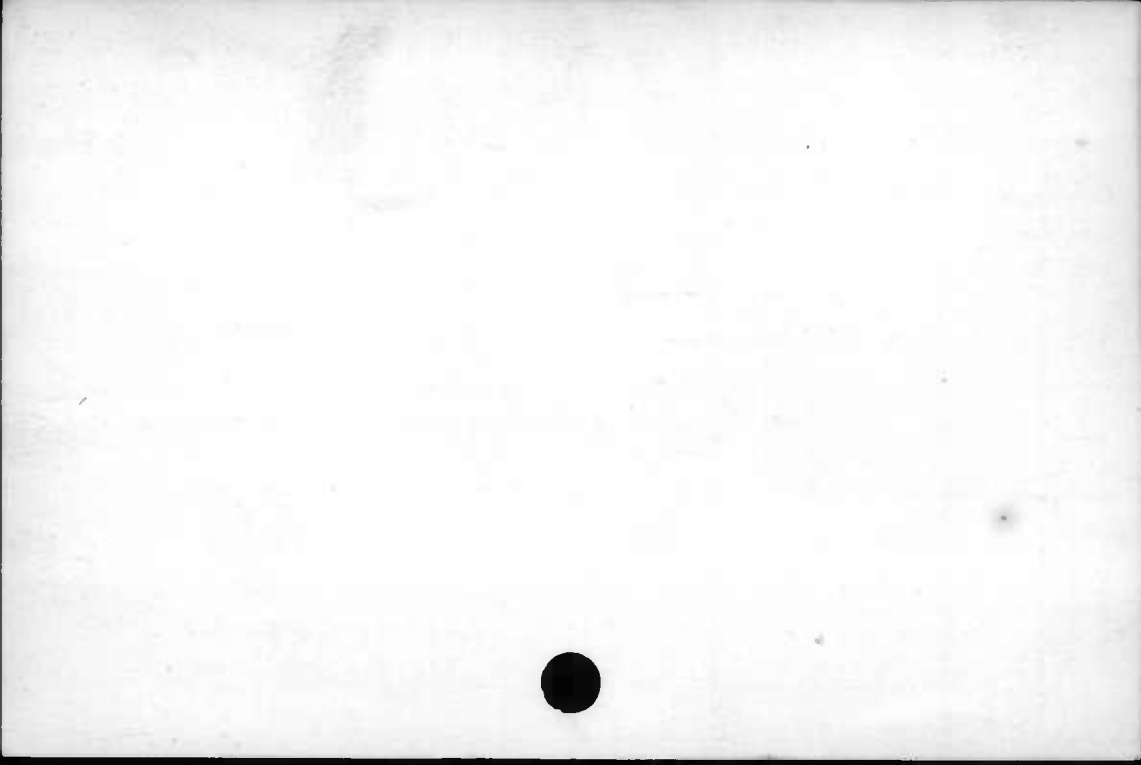
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John H Lyles</i>		Town <i>Lugo</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Lugo</i>		Month <i>6</i>		Day <i>25</i> - Age <i>54</i>		Months <i>6</i> - Days <i>15</i>	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Sharpsburg</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Lugo</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Emma R Lyles</i>					
Father's Name <i>John Lyles</i>		Father's Birthplace <i>Boonsboro</i>					
Mother's Maiden Name <i>Hammitt Lyle</i>		Mother's Birthplace <i>Sharpsburg</i>					
Name of person giving information <i>Aira Latcha Lyles</i>		How related to deceased <i>Daughter</i>					

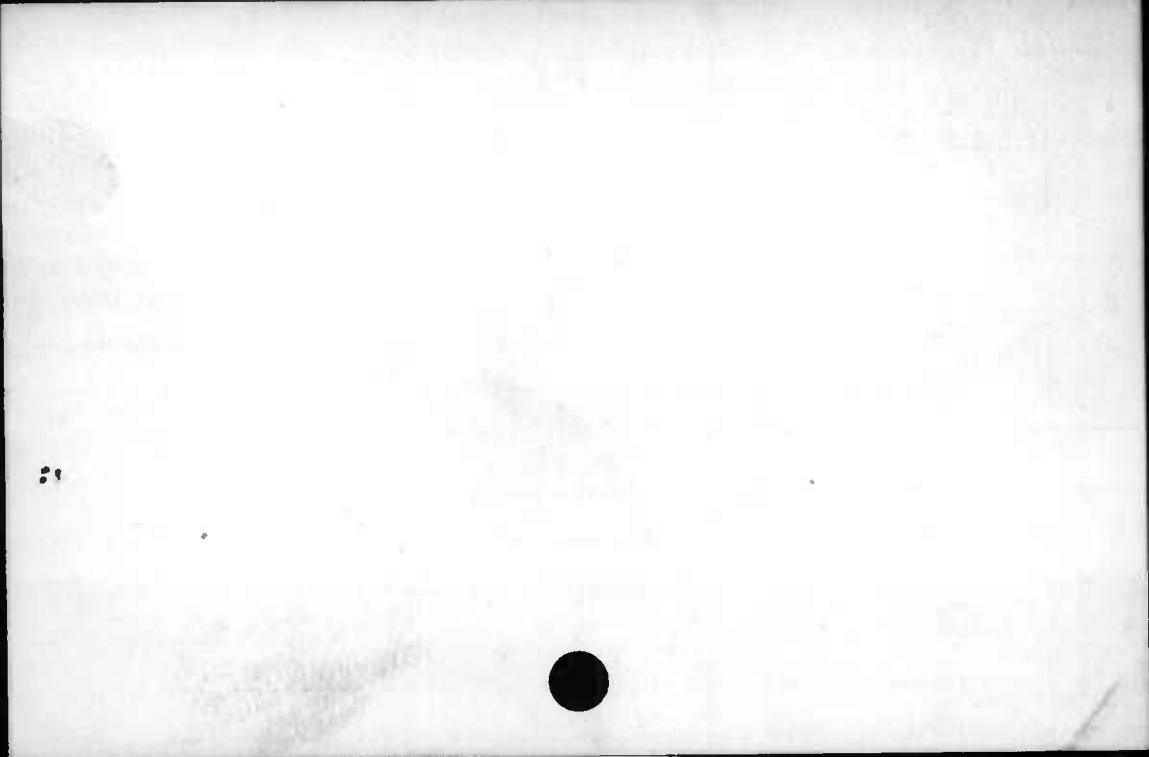
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>1 year</i>
Immediate <i>Suffocation</i>	How long <i>3 Month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>L E Sumanston</i>	
Address <i>Kanawha</i>	
Accident or Suicide? <i>will</i>	



Name in Full		Samuel B. McCauley						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Mapleview</i>				^{County} <i>Washington</i>		MARYLAND		
	Date of death <i>1906</i>		^{Month} <i>June</i>	^{Day} <i>29</i>	^{Age} <i>63</i>	^{Years}	^{Months} <i>11</i>	^{Days} <i>22</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wash Co</i>				
	Occupation <i>Farmer</i>				Where Residing if not at place of death				
	Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband						
	Father's Name <i>Samuel McCauley</i>					Father's Birthplace			
	Mother's Maiden Name					Mother's Birthplace			
Name of person giving Information <i>Geo b McCauley</i>					How related to deceased <i>Son</i>				
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary <i>Gastric Carcinoma</i>				<i>40</i>		How long <i>1 year</i>		
	Immediate <i>Exhaustion</i>						How long <i>6 wks</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>W. H. Haggaman, M.D.</i>				
					Address <i>Hagerstown, Md</i>				
	Accident or Suicide? <i>No</i>								



Name in Full		Mrs Margaret Mc Cusker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Halfway		County Washington	
		Date of death		1906		Age 68	
		Sex		Female		Color or Race white	
		Occupation		House work		Birthplace Md	
		Married, Single or Widowed		Married		Where Residing if not at place of death	
		Father's Name		Isaac Rowland		Father's Birthplace Md	
		Mother's Maiden Name		Margaret Rowland		Mother's Birthplace Md	
		Name of person giving information		Kellie McCusker		How related to deceased Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Paralysis		How long 4 days	
		Immediate				How long 4 days	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician W. B. Morrison	
				no		Address Hagerstown Md	
		Accident or Suicide?		no			

Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Clara Miller</i>		Town <i>Hagers town</i>		County <i>Wash.</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>1</i>		Age <i>84</i>	
Date of death <i>1906</i>		Months <i>11</i>		Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany.</i>			
Occupation <i>H. W.</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Conrad Miller</i>					
Father's Name <i>Augustus Heffner</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace					
Name of person giving information <i>Mrs H. C. Holtz</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>154</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several Months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>O. H. O. Rague</i>
		Address	<i>Hagerstown, Md.</i>
Accident or Suicide?	<i>No</i>		



PHYSICIAN
OR CORONER

Minnie May Moore

CERTIFICATE OF DEATH

Died at Mapleville ^{Town} Washington ^{County}

MARYLAND

Date of death	1906	Month	June	Day	7	Age	37	Months	2	Days	25
---------------	------	-------	------	-----	---	-----	----	--------	---	------	----

Sex	Female	Color or Race	White	Birth-place	Mainland
-----	--------	---------------	-------	-------------	----------

Occupation	Where Residing if not at place of death
<i>Housewife</i>	

Married, Single or Widowed Married Name of Wife or Husband Jones Moses

Father's Name	Frederick Weaver	Father's Birthplace	Massachusetts
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Mother's Maiden Name	Helene Shillito	Mother's Birthplace	Maryland
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Name of person giving information	Jonas Moore	How related to deceased	Son
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CAUSES OF DEATH

93

Primary	Lesher Pneumonia,	low long	One week.
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Immediate	Collapsing	How long	Sudden
-----------	------------	----------	--------

Are the name, age, sex, color, date
and place correctly given above? *yes*

Signature of Physician *J. Huley Trade,*
Address *Bassettboro, Ind.*

Accident or Suicide? 20



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		MARYLAND	
Date of death	1906	Month	6	Day	28	Age	30
Sex	Male	Color or Race	White	Birth-place	Md	Months	29
Occupation	Engineer	Where Residing if not at place of death		Clara Smith			
Married, Single or Widowed	Married	Name of Wife or Husband					
Father's Name	James T. Myerly	Father's Birthplace		Md			
Mother's Maiden Name	Margarett Neausbaum	Mother's Birthplace		Md			
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteritis</i>	How long	<i>Several days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

Hag.
Notkins

Name
in.
Full

Mary Overmiser

CERTIFICATE OF DEATH

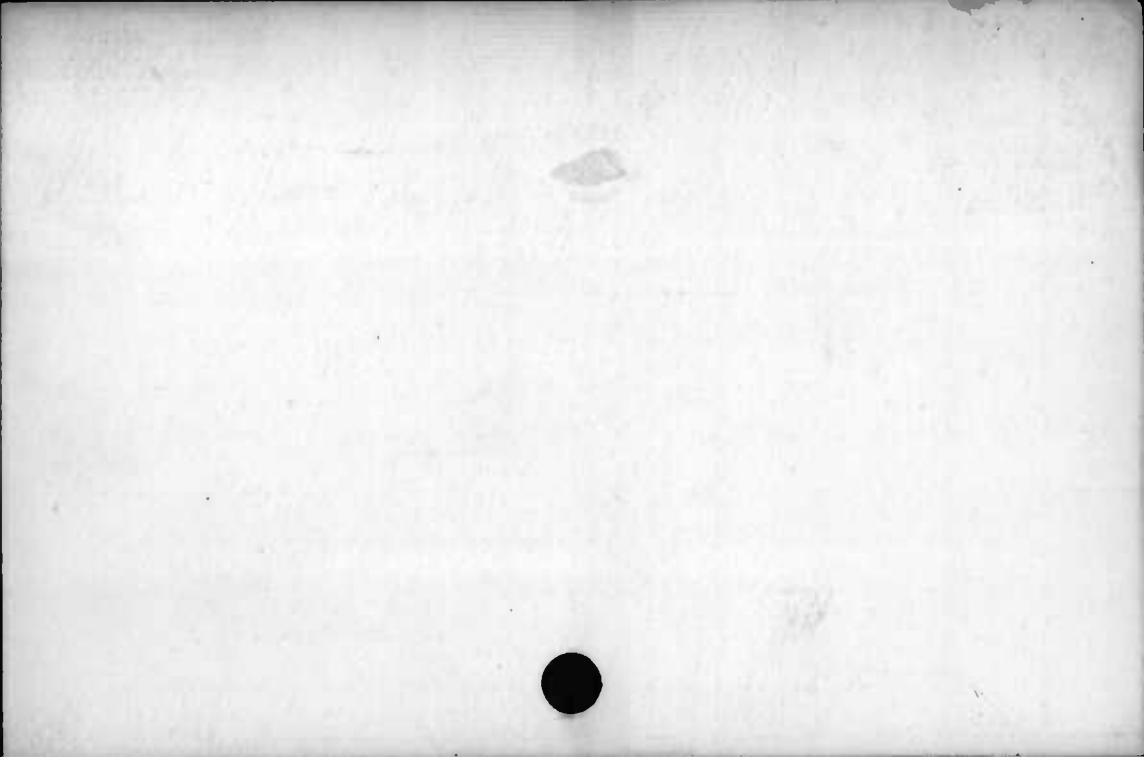
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winchester Pa		County Franklin Pa		State Maryland	
Date of death		1906	Month June	Day 20	Age 82	Years 0	Months 8
Sex female		Color or Race W		Birth-place Lancaster			
Occupation Retired				Where Residing if not at place of death Winchester Pa			
Married, Single or Widowed Widowed		Name of Wife or Husband					
Father's Name George Gorman		Father's Birthplace Lancaster Pa					
Mother's Maiden Name Elizabeth Carl		Mother's Birthplace " "					
Name of person giving information John Overmiser		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary cancer of breast		How long Three years	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. H. Wishard	
		Address Leitersburg Md	
Accident or Suicide?			



Name
in
Full

Jacob H Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chewsville</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>20</i>	Age <i>77</i>	Years	Months <i>1</i>	Days <i>5-</i>			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>						
Occupation <i>Laborer</i>	Where Residing if not at place of death								
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amanda Stauffer</i>								
Father's Name <i>Joseph Palmer</i>	Father's Birthplace <i>Europe</i>								
Mother's Maiden Name <i>Catherine</i>	Mother's Birthplace								
Name of person giving information <i>Amanda Stauffer</i>	How related to deceased <i>Wife</i>								

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Several years</i>
Immediate <i>Uremic Coma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John A. Quinn M.D.</i>
	Address <i>Chewsville</i>
	<i>Washington Md.</i>
Accident or Suicide?	

Answer

Name
in
Full

Mary Louise Penner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Indian Spring ^{County} Washington

MARYLAND

Date of death 1906 ^{Month} 6 ^{Day} 6 Age ^{Years} 61 ^{Months} 3 ^{Days} 7

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Samuel Penner

Father's Name Peter Miller Father's Birthplace Md

Mother's Maiden Name Elizabeth Hartman Mother's Birthplace Md

Name of person giving information George W. Penner How related to deceased Son.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

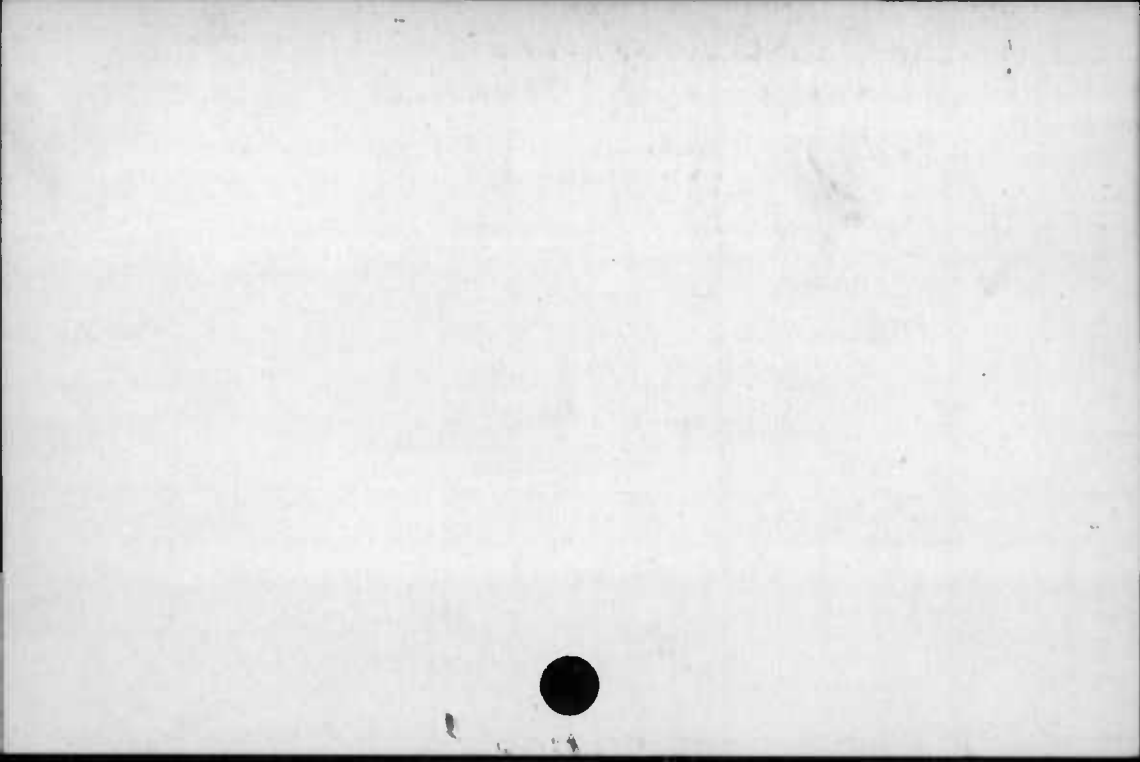
Primary Asthenia How long One year

Immediate Heart failure How long One week

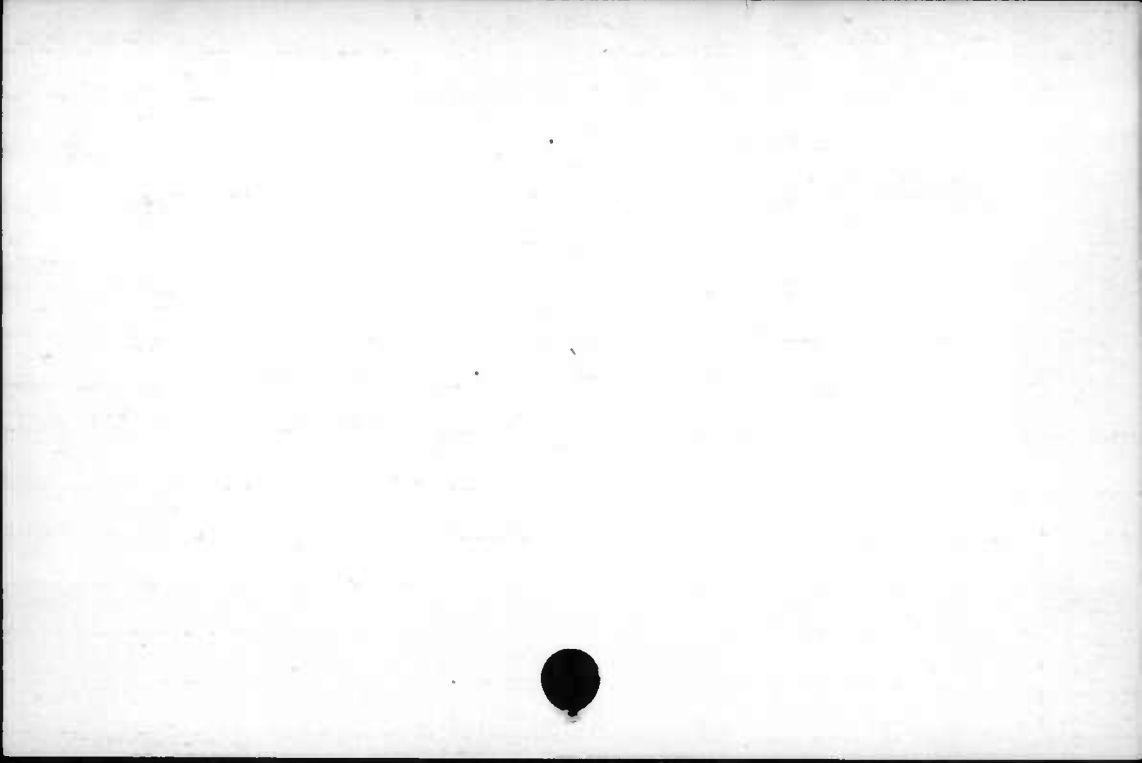
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Abraham Shank Address Clear Spring Washington Co.

~~Accident or Suicide?~~



Name in Full Jekla Reidell		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Cascade <small>Town</small>		Washington <small>County</small>		MARYLAND
	Date of death 1906 June 9 <small>Month Day</small>	29 <small>Year</small>	9 <small>Months</small>	8 <small>Days</small>	
	Sex Female	Color or Race White	Birth-place Germany		
	Occupation None	Where Residing If not at place of death at place of death			
	Married, Single or Widowed Single	Name of Wife or Husband _____			
	Father's Name Bernard Reidell	Father's Birthplace Germany			
	Mother's Maiden Name Katherine Schneider	Mother's Birthplace Germany			
	Name of person giving information Antonia Schneider	How related to deceased Cousin			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Tuberculosis	<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 27 </div>		How long 6 Mos.	
	Immediate Tuberculosis			How long 6 Mos.	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. L. Wichter		
			Address Sabillasville Md.		
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Franklin Rodenizer

Town

County

Died at

Date

of death 1906

Month

Day

Age

Years

Months

Days

MARYLAND

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Minnie Roscoe*

Died at

Hazelstown

Town

Washington

County

MARYLAND

Date

of death *1906*Month *6*Day *29*

Age

Years *—*Months *3-*Days *—*

Sex

*Female*Color or
Race*Colored*Birth-
place*Md*

Occupation

*Child*Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Duchanau Roscoe*Father's
Birthplace*Pa*Mother's
Maiden Name*Mary Kennedy*Mother's
Birthplace*Md*Name of person giving
Information*Mary Kennedy*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

How long

Immediate

Cholera Infantum

How long

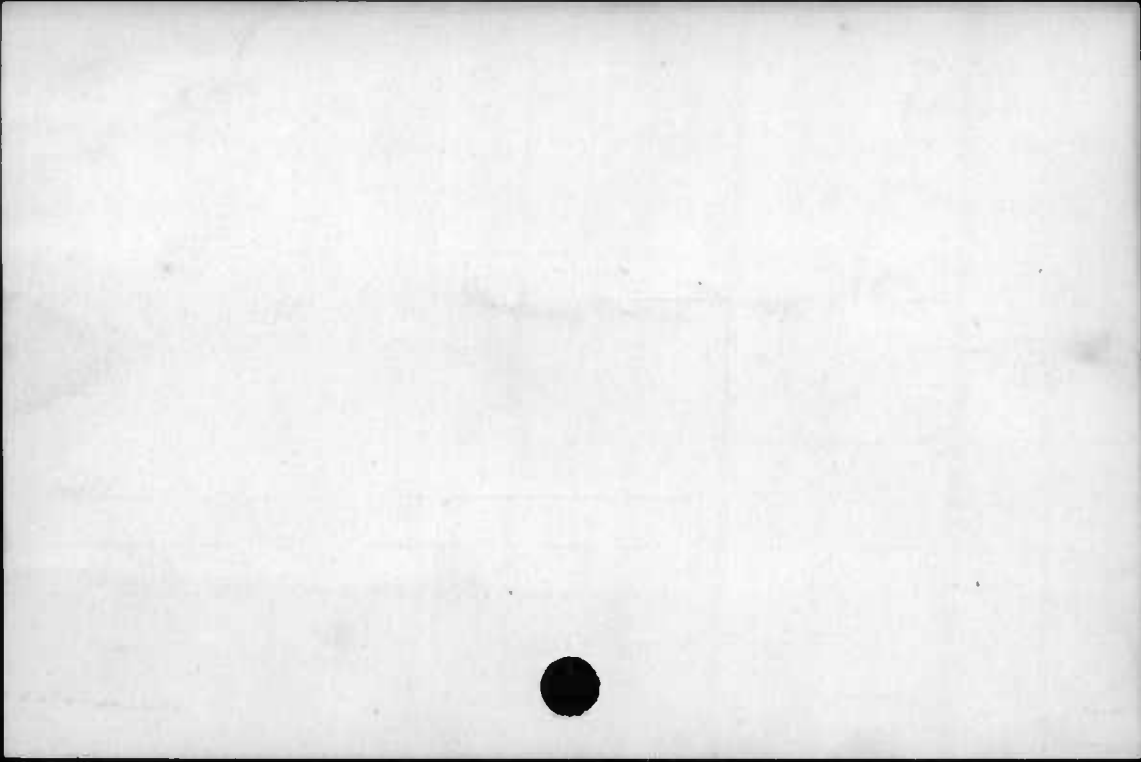
*2 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*A. K. Coffman**Hazelstown Md*

Accident or Suicide?

✓



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>29</i>	Age Years	Months	Days <i>13</i>	
Sex <i>female</i>	Color or Race <i>White</i>		Birth- place <i>Hagerstown</i>				
Occupation <i>no</i>	Where Residing if not at place of death <i>Hagerstown</i>						
Married, Single or Widowed		Name of Wife, or Husband					
Father's Name <i>Samuel Shirley</i>		Father's Birthplace <i>Blanford</i>					
Mother's Maiden Name <i>Sarah C. Drown</i>		Mother's Birthplace <i>Perryville</i>					
Name of person giving In formation <i>father</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute indigestion</i>	How long <i>Five days</i>
Immediate	How long <i>ten days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	Address <i>Chas D Boyle M.D.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

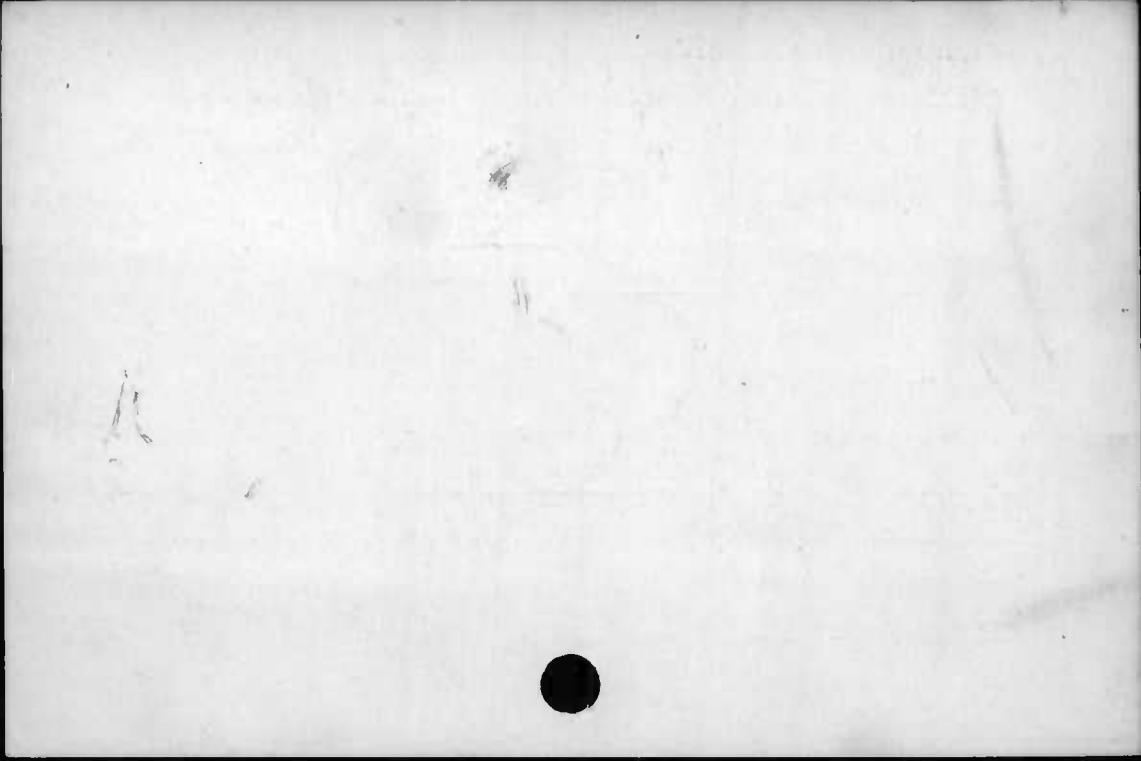
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Charles Siler		Town Hagerstown		County Washington		STATE MARYLAND	
Died at		Month 6		Day 30		Age 7	
Date of death 1900		Month 6		Day 30		Age 7	
Sex male		Color or Race white		Birth-place md			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name Chas. J. Siler		Father's Birthplace Va					
Mother's Maiden Name Caroline Cooper		Mother's Birthplace "					
Name of person giving information C. J. Siler		How related to deceased father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mal Nutrition (151)	How long	7 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. H. Den-Ind-
		Address	Hagerstown Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Laurence H. Smith
Hagerstown Washington

MARYLAND

Died at Date of death 1906 6 14 Age 33 Months 3 Days 12

Sex Male Color or Race Colored Birth-place Md

Occupation Barber Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Samuel Smith Father's Birthplace Md

Mother's Maiden Name Georgietta Parker Mother's Birthplace Md

Name of person giving information Georgietta Parker How related to deceased Mother

CAUSES OF DEATH

Primary Preliminary Pulmonary Tuberculosis How long 8 mos

Immediate Exhaustion How long 1 or 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Magnum

Address Hagerstown, Md

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Halfway

Name in Full Frederick May Lewis Thomas		CERTIFICATE OF DEATH	
Died at Hagerstown <small>Town</small>		County Wash	
Date of death 1906 <small>Month</small> 6 <small>Day</small> 10		Age 43 <small>Years</small> 2 <small>Months</small> 29 <small>Days</small>	
Sex male		Color or Race white	
Occupation Civil Engineer		Birth-place Orange N. J.	
Where Residing if not at place of death Shanectles N. J.			
Married, Single or Widowed married		Name of Wife Carolyn Lucas Thomas	
Father's Name Lewis Thomas		Father's Birthplace N. J.	
Mother's Maiden Name Sarah Porter		Mother's Birthplace " "	
Name of person giving information Carolyn Thomas		How related to deceased wife	
CAUSES OF DEATH			
Primary Tuberculosis		How long few years	
Immediate "		How long " "	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J W Hummel	
		Address Hagerstown	
Accident or Suicide? No		md	

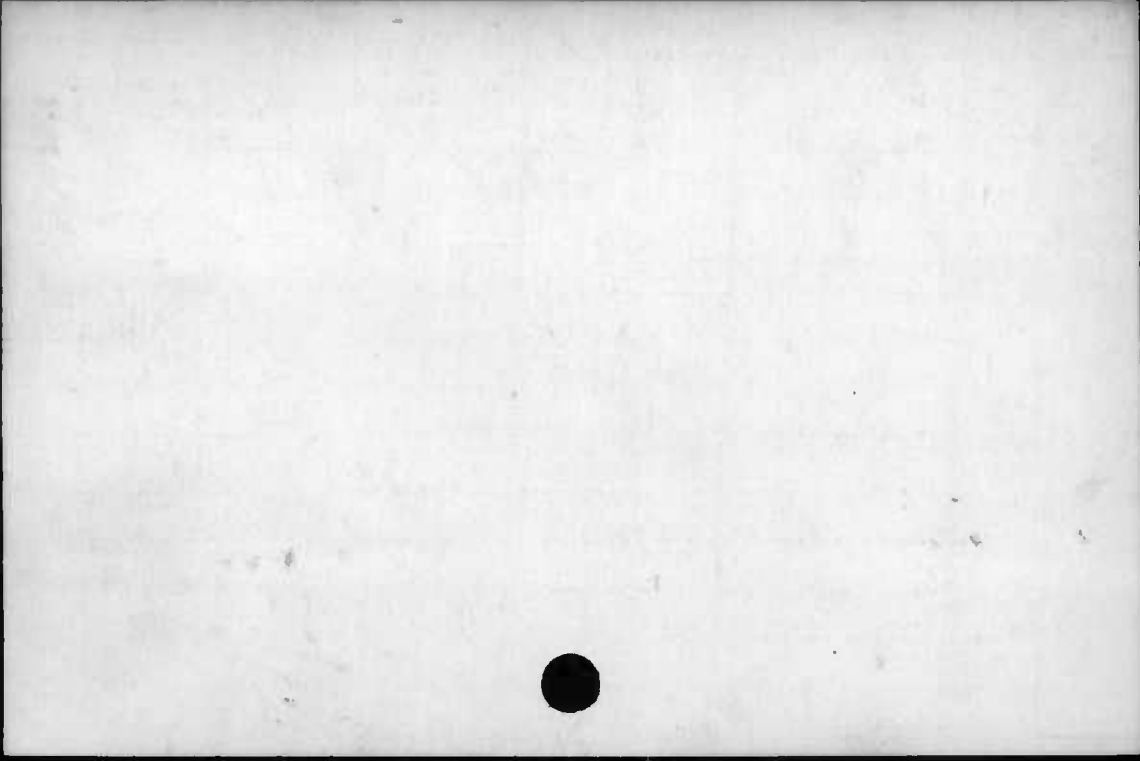
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TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN

OR CORONER



Name
in
Full

Richard. Earl Stolf.

CERTIFICATE OF DEATH

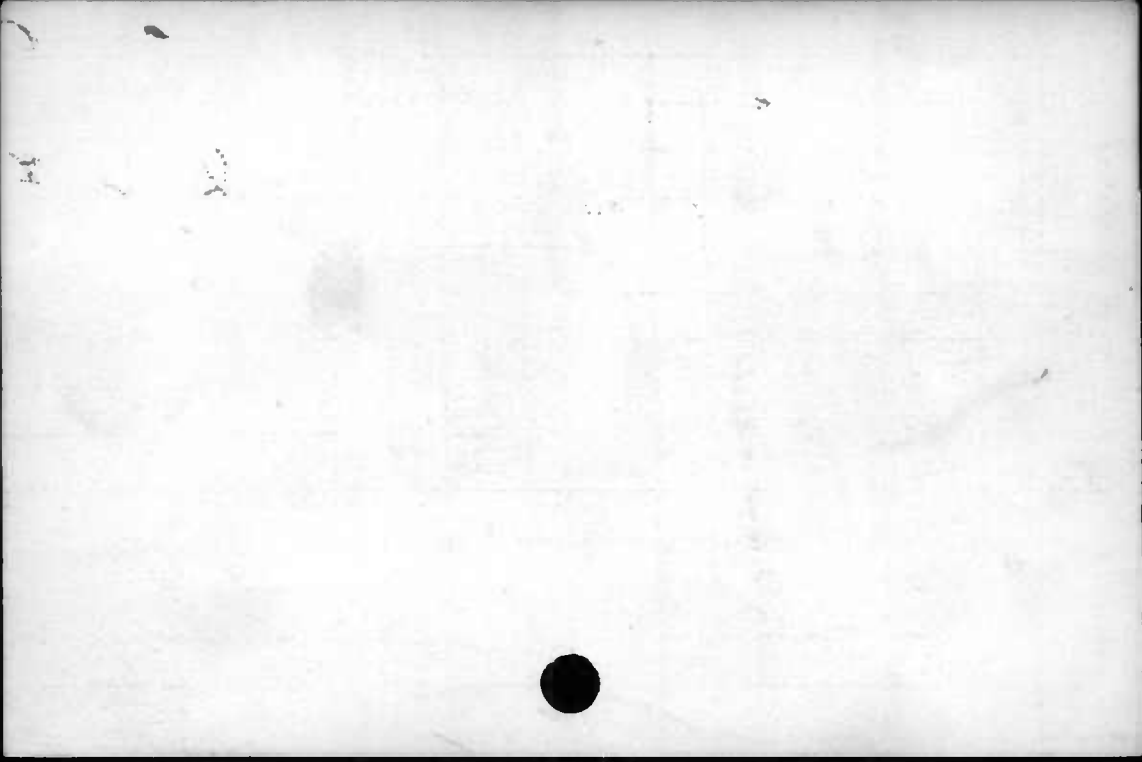
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cave town</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>11</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>21</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cave town</i>	
Occupation <i>none</i>			Where Residing if not at place of death <i>" "</i>		
Married Single		Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph L. Stolf.</i>			Father's Birthplace <i>Cheverville</i>		
Mother's Maiden Name <i>Mary M. Beck.</i>			Mother's Birthplace <i>Cave town</i>		
Name of person giving information <i>Joseph L. Stolf.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>—</i>	How long <i>—</i>
Immediate <i>Hemorrhages of lungs</i>	How long <i>instant</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. M. D. Kefauver</i>
<i>Yes</i>	Address <i>Smithsburg Md.</i>
Accident or Suicide?	



Geo W. Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berryville</u>		Town <u>Clarke</u>		County <u>Clarke</u>		State <u>W. Va.</u>	
Date of death <u>1906</u>	Month <u>6</u>	Day <u>11</u>	Age <u>35</u>	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Penn.</u>					
Occupation <u>R-R. Brakeman</u>	Where Residing if not at place of death <u>Hagerstown Md.</u>						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mrs Pheni Ross Wolfe.</u>						
Father's Name <u>Scott Wolfe</u>	Father's Birthplace <u>Penn.</u>						
Mother's Maiden Name <u>Margaret Miller</u>	Mother's Birthplace <u>"</u>						
Name of person giving information <u>Mrs. G.W. Wolfe</u>	How related to deceased <u>wife</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Ground to death under</u>	How long
Immediate	<u>fright train (accident)</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Chas. L. Brown</u>
		Address <u>Hagerstown, Md.</u>
Accident or suicide?	<u>Accident.</u>	No physician in attendance

